PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 24 AM 8:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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01-03

DOCUMENT # 265157

1. Corporation Name

OAKLAND FARMS, INC.

2. Principal Office Address	3. Mailing Office Address
2357 S.W. 22nd Circle E.	P. O. Drawer 1367
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, Florida	City & State: Okeechobee, Florida
Zip: 34974 Country: Okeechobee	Zip: 34973 Country: Okeechobee

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 591028222 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Affix exact fee in the upper right corner

7. Name and Address of Current Registered Agent

Name: NORMAN F. HALES

Street Address (P.O. Box Number is Not Acceptable): 2357 S.W. 22nd Circle E.

Suite, Apt. #, Etc.:

City: Okeechobee | State: FL | Zip Code: 34974

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 01/14/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Norman F. Hales	2357 S.W. 22nd Circle E.	Okeecobee, FL 34974

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 01/14/03 (863) 763-3275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E080 (01/99)

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